

# Our Medical Work in the Orient



Published by

The General Board of Promotion  
of The Northern Baptist Convention  
for the

Woman's American Baptist Foreign Mission Society

276 Fifth Avenue, New York City



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OPERATING ROOM, ETTA WATERBURY HOSPITAL  
UDAYAGIRI, SOUTH INDIA

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**Baptist Graduates from Weman's Medical College, Ludhiana, India**

Kanthama

Nandamah

Minnie Rungiah

# Our Medical Work in the Orient

## SOUTH INDIA

IT IS too little understood, even in these days of comparatively widespread information, how deep is the need of medical work in India, not only for the relief of the inevitable suffering, but because the people, fettered by ignorance and superstition, cannot be reached except through the medium of something of which even the dullest and blindest shall feel the need.

“The minds of men are broadened  
By the process of the suns”

wrote the poet, but this does not seem to be true in India; for one wonders, when going to India in this twentieth century, how a people whose history dates back to the Aryan invasion of northern India, 3,000 years before Christ, could be so narrow, so non-progressive. With the British invasion in the early part of the seventeenth century, India's lessons in modern civilization and the brotherhood of man began; but two centuries have proved man as well as time inadequate to India's great need, and only with the coming of the missionary in the beginning of the nineteenth century did she get her first glimpse of the still higher truth—the Fatherhood of God. Now after a little more than a century three million names are on the Christian church roll, the majority of whom come from the untouchable outcaste classes, formerly down-trodden and detested by all, but now competing with the educated Brahman in good government positions, their womanhood raised far beyond that of any class of non-Christian people in India. But while results are highly gratifying, they are far from satisfying, and we face in India today sixty-six million Mohammedans, the largest number in any one country; fifteen million Brahmans, only one of four great divisions of caste people, and a similar number of shrewd, wealthy Parsees; all these classes with a few

exceptions unreached, and why? The cause may be summed up in a few words: *tradition, ancient customs, the caste system and the depression of womanhood.*

India cannot move forward to her great destiny bound down by the fetters of customs centuries old. Through the school of contact with culture, progress, human and divine love, will she learn her errors and correct them. And that contact must come through the channel of something they realize they need, for the vision of the human eye of understanding is short, especially that dimmed by vice and superstition, and they know not that they want Christ. Hence the industrial, educational and medical workers on the staff with the evangelistic.

The need of work for women and children exists in all oriental countries, where the native doctors are without knowledge of medical science and where the superstition of the people has led to all sorts of harmful practises; but in India the need is particularly urgent, owing to the universal practise of child marriage and the treatment of childbirth and the child mother as unclean. Not only does the little Hindu wife experience motherhood at an age when our happy little American girls are playing with their dolls, but at the trying time of her confinement she is in all probability isolated in some filthy little outside hut and left to the mercy of a native midwife who is not only ignorant, but dirty and superstitious as well, and who tortures her with all the practises which ignorance and superstition suggest.

No one who has visited India will ever forget the little undeveloped Hindu girls. Maturity does not depend on one bodily function alone, but on the condition of the entire system, and this child wife of India, herself probably the offspring of a girl mother not old enough to bear the strain of maternity, is undeveloped even for her years. Of the terrible sufferings which these conditions involve for the women of India any mission doctor can bear witness.

Medical work, owing to a prejudice against it in earlier days, is still in its infancy in India. Not until 1769 was the first British surgeon-general appointed and not until 1869 was a Christian woman doctor sent out to India's millions of suffering women and children.



Etta Waterbury Hospital, Udayagiri, South India

Our own medical work began in Bapatla in December, 1886, when Emma J. Cummings, M.D., the first doctor to respond to the call from South India, reached Bapatla. In addition to language study she treated 600 patients with diseases varying from headache and indigestion to convulsions and epilepsy. Finding the climate very trying during the second year, she was compelled to drop her work for five months and rest on the hills. At the request of W. B. Boggs she was later transferred to Ramapatnam.

#### NELLORE

At the annual conference in 1894 Nellore was chosen as the most desirable station for a centrally located and well equipped woman's hospital. Two years before, medical work had been begun in a small way by Dr. Ida Faye and Miss Beatrice Slade (now Mrs. Brock of Kanigiri), a trained nurse. At the first the doctor dispensed medicines in her living room and performed operations in her sleeping room, afterwards







securing a hired room on the principal street of the town. It was a glad day when the work was removed to the attractive new dispensary on the hospital compound, and the hospital building was completed and formally opened with appropriate exercises on February 10, 1897.

Dr. Faye married Rev. F. H. Levering, but continued her work, and with her sister, Miss Mary Faye, both of them already known and beloved in Nellore, carried on the work most successfully for a number of years until they left on furlough. During the next few years the work suffered from unavoidable interruptions, the hospital being closed during two separate periods and cared for in the interval between by Dr. Caroline Coates and Miss Lillian Wagner, both of whom were later transferred to other stations, as were also Dr. Levering and Miss Faye.

Both Dr. Levering and Dr. Coates did a beautiful work and their names are still frequently on the lips of many. In July, 1904, regular work was begun again by Dr. Lena A. Benjamin and Miss Katherine Gerow. Since that time it has gone steadily on. Miss Annie Magilton and Dr. Anna Degenring came to the field ready to take the work when the others came home on furlough. Dr. Florence Weaver was at Nellore during her language study, but later was transferred to Mahabubnagar. In 1918 Miss Magilton was obliged to return to America and Miss Jennie Reilly was sent to the hospital in her place. In 1921 Miss Lillian Wagner again came to Nellore when Miss Reilly took charge of Ongole during the furlough of Miss Sigrid Johnson.

The original hospital buildings at Nellore were only intended to be temporary and were very soon outgrown. They have been added to and replaced until we now have a fine group of buildings, including the hospital, the dispensary, the bungalow where our missionary doctors and nurses live, and the new maternity ward and nurses' home. The last-mentioned building was erected in 1916-17 and opened with appropriate ceremony, Dewar Bahadur R. Ramachandra Rao, District Magistrate, graciously presiding. Before the program, invited guests representative of the public-spirited citizens of the town were received under a large tent pitched in front of the hospital and entertained by gramophone selections.



Nurses' Home, Nellore, India

The money for a large window in the recently opened maternity ward was given by the Executive Engineer of Nellore in gratitude for a fine big boy born in the hospital, and a tract of land, consisting of one and one-half acres and valued at two thousand rupees, was given by Rau Bahadur Lakshminaras Reddy. This, together with land back of it acquired through the government, gives necessary space for expansion. The government granted five thousand rupees for enlarging the maternity department, and the Surgeon-General upon his visits has been most helpful and has expressed himself as much pleased with the work done. His Excellency Lord Pentland, upon taking up his position as Governor of Madras Presidency, visited the hospital and showed the utmost friendliness towards the work.

From all this it will appear that our medical work in Nellore from its modest beginnings has developed to such an

extent as to command the respect of the government and the confidence of the caste people, who are found in ever-increasing numbers among the in-patients. During the year 1920, 1,304 patients were admitted to the hospital; in the out-patient department there were 5,564 cases; total treatments, 40,166.

The story of the gift of land by Lakshminarasa Reddy is so significant as to merit special mention. Reddy was a rich man, a bachelor in a large family or clan whose property adjoined the hospital. Not a Christian, he was nevertheless a not uninterested observer of the beneficent works to which his Christian neighbors devoted themselves. In course of time, the doctors were called for various members of his family and achieved things considered nothing short of miraculous according to Hindu ideas. Little by little he became a friend and adviser. Finding that the hospital compound was crowded and needed a valuable piece of adjoining land which Lakshminarasa Reddy himself owned, he walked over the land and announced that he would give it to the hospital. He failed to give the deed, however, in spite of several delicate attempts to bring the matter to his recollection, his sole animadversion on the subject being to the effect that his word was as good as a deed. Our workers, fearing to offend, said no more and were filled with misgivings when he fell ill and finally died. Then it transpired that Lakshminarasa Reddy had made his will one month after giving the land, setting down not only his gift of the land, but in addition \$2,000 to build a rest house (sutrum) in which friends of patients might stay while their friends were in the hospital, only stipulating that his own relatives have first option on the use of this rest house. His gift also included 100 rupees annually for blankets.

On the great occasion of the funeral of this conspicuous man it was intimated to our Nellore doctors and nurse that though women are not expected to attend these funeral rites (and in fact even the women of the family were not present), it would be gratifying to the family if these friends should attend.

So Lakshminarasa Reddy went out, with who knows what inklings of the divine mercy and the divine purpose, and the Nellore hospital lost one of its most valued friends. Yet the

widening influence of his life and friendship will tell on the work of the hospital through years to come.

Another non-Christian friend of the hospital is old Nanni, an aged Mohammedan woman, poor but highly educated, conversant with the Arabic, Persian and Hindustani languages. Christianity offers many perplexities to Nanni's mind, stamped through long years with the teachings of Mohammedanism; but her heart understands and responds to the deeds in which Christianity expresses itself. Her services are always at the disposal of our workers and with her versatility in language she is invaluable in explaining to Hindu patients what is wanted.

The Nurses' Training School is fast making a reputation for itself through the nurses graduated from it, a number of them having achieved distinction and two of them standing highest in the Madras Presidency in a recent examination. As can be imagined, great is the joy when these well trained nurses return to the missionaries who sent them to the school.

In all our medical work it is not forgotten that the ultimate object is ministry to the souls of these needy people. The Bible is taught daily, two Bible women being employed, one for the hospital wards and one for the dispensary. While dispensary patients are awaiting their turn, they are given the gospel message, are told why our missionaries have come so far to minister to their bodies, and are taught that their souls need healing as well. In the wards the patients wait eagerly for the Bible woman and her message, and it is not uncommon to hear the little altercation, "It's our turn to have you in our ward today"—"No, it's ours today." As a result of this teaching and the spreading of it, as patients return to their people, many of the caste people are beginning to show a real interest, and the purchase of tracts, Bibles and hymn books show a marked increase.

The Christmas *tomasha*, or Christmas celebration, is the climax of the year's evangelistic work. It is held in the general ward of the hospital, patients who are unable to sit up, being brought in on their beds. A large number of discharged patients return, so that even the verandas are crowded. The Christmas story is told by a Bible woman, after which the





Dr. Degenring in Camp, South India

doctor gives a Bible talk and the nurses sing Christmas hymns. Presents from the tree are given to nurses and servants, there are native sweets, dolls for the girls, tops for the boys, oranges for those who cannot take sweets, and the Christmas spirit suffuses all.

We must not close our account of Nellore without a word about the new Ford automobile given to the hospital in 1916 by a kind friend in America. This makes it possible for the doctors to reach urgent cases quickly and relieves them from the nervous strain of long hours in the ox cart. They are also able to open branch dispensaries in the neighboring villages, visiting them in the auto once or twice a week. Dr. Degenring writes: "In July our new Ford car, so kindly made possible by a friend, was purchased, and we are planning to open two new dispensaries, one fifteen miles from here and the other eighteen miles west. We have visited both places and the people are eager to have us come and are willing to furnish the house for our use."

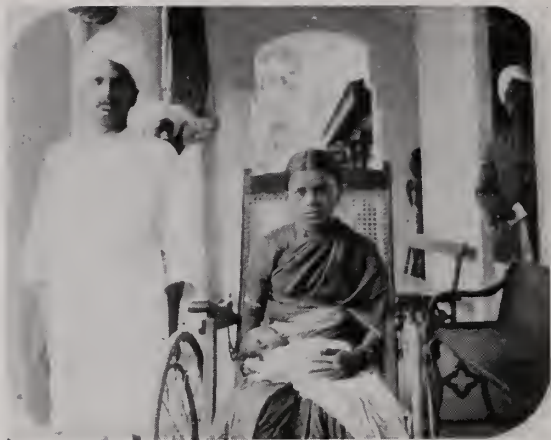
In a later letter Dr. Benjamin writes: "February was a very happy month with me. I spent the first three weeks

out on tour with a couple of Bible women and some nurses. We pitched our tent in a tamarind and mango grove near two large villages, eighteen miles west of Nellore. Mornings I spent at the tent giving medicine and holding meetings. Evenings (or afternoons) and nights I went to the villages. The Bible women went mornings also. During that three weeks we went to eighteen different villages and several of these villages were visited two or three times. We were received most cordially everywhere and the gospel story was listened to with great interest, especially by the caste people. And all of this is possible because we have our motor."

Thus a modest Ford may be made to multiply manyfold the efficiency of missionaries and hospitals representing a much greater outlay—an interesting illustration of economy.

### RAMAPATNAM

At Ramapatnam (forty miles north of Nellore), we have a dispensary on the large compound belonging to the Theological Seminary. Here for years a small dispensary work was carried on by Mrs. Heinrichs, assisted by an English woman who had had partial training as a nurse. In 1913, through Mrs. Elmore's efforts while home on furlough, the women of New York State by a special gift made it possible to enlarge the old dispensary building. Miss Rorer is now (1921) carrying on a small hospital of five beds and a daily dispensary in addition to holding regular classes for the wives of the seminary students. The wives live on the compound with their husbands and children and are thus able to include, in addition to their work in the seminary, many valuable lessons in physiology, hygiene, nursing and the care of children, and become just so much more valuable as pastors' wives when they settle in some village or town where these things are unknown. Miss Rorer writes: "The women in my classes are beginning to practise what they are taught. They are learning that babies can be given water to drink without catching cold, and that their little stomachs need rest; that many of baby's ills come from overfeeding, and that he should be fed at regular intervals." Each member of the midwifery class is expected to conduct a case before leaving the seminary.



Twelve-Year-Old Mother and Husband, India

A recent epidemic of measles followed by pneumonia has emphasized the need of an isolation ward (\$500). One family brought the disease to the compound, and as every house on the compound was filled with students and their families it spread from house to house.

"A dreadful case of convulsions was brought in late one night. The patient had been all day with her temple priest, who told the family that if they would give him a certain amount of money he would drive out the devils that were inside the woman. As darkness drew near and the devils seemed to increase in number, they brought her on a rope bed a distance of seven miles to see what success the missionaries would have over their 'satanic majesties.' We worked over her until dawn and after we had brought her little one we sent her home apparently to die. The day following the relatives were here before six a. m., saying that she was alive, and begging us to come to their village. We started at once and while there we had two splendid opportunities of presenting the gospel and telling of the great love of the Savior. Once it was to the crowd that surrounded the dirty little outside hut where



the patient had been placed, and afterwards to another big crowd that had come to the cattle shed in which we were eating our lunch. They listened, wondered, and confessed that it was all true. Now we have free access to the hearts of these people, for which we thanked God as we returned home at dusk, tired in body but rested in spirit."

"So the medical work is constantly opening the way for the gospel. Recently while among the Christians in a village seven miles away, a Mala woman appeared before me and said: 'Amah, will you not come to my house and talk to the people? My husband's life was saved at your hospital and won't you come and see him?' I found the enclosure filled with people, and for nearly an hour the Bible woman and I had a most attentive audience while we told them the story of the Savior." At the hospital the outside Hindus frequently ask permission to attend the morning prayers held for hospital workers.

### ONGOLE

At Ongole (30 miles north of Ramapatnam), the Clough Memorial Hospital has been erected in honor of the man who spent forty-two years of his life in the service of the Telugu people. It is a general hospital, including wards for women. This hospital is the fruit of years of effort not only on the part of the missionaries and their supporters in America, but on the part of the natives themselves, who have already made great sacrifices to add to the hospital fund. They observed not a self-denial week or a self-denial month, but a self-denial year, and ultimately 3,000 of them brought in their gifts, which amounted to \$1,500. Considering the fact that the average wage of these 3,000 people is four cents a day for the women and six cents for the men, this subscription stands unique in the history of missions. A group of school children went without their Sunday morning meal for the year and came with glad faces to add their savings to the fund. The donors, almost to a man, sacrificed the necessities of life; their luxuries would have been too small to make a showing. The richer natives help to maintain the hospital.

The Pasadena Dispensary was first completed and three of its rooms were used for wards until the main building was

built. Miss Sigrid Johnson reports 15,371 treatments in 1919. The corps of workers includes one sub-assistant surgeon, one trained nurse, one compounder, two ward helpers, one preacher and one Bible woman. Each worker is interested not only in his own line of work, but also in bringing the knowledge of Jesus Christ to each patient. Miss Johnson tells the following incident: "There's Subbamma, one of the dearest and sweetest-souled little women you could find anywhere. She came to us despairing of this life and with no hope of a future one. After several months treatment, during which her leg had to be amputated, she was able to go home with a face as full of hope as that of any Christian. No more idols for Subbamma; true, she can't read, but she can sing and pray, and when you hear her pray you know that she knows in whom she has believed. Subbamma is a Sudra and that means that the Sudras of Subbamma's town will be our friends. The trouble returned, we reamputated her leg, but to no avail, so after many months she went home to die. After arriving home some of her friends and members of her family asked of what avail it had all been—she was going to die anyhow. To which Subbamma made reply, 'You ask me what good it did? Didn't I find the real, true God there? And then you ask me what good it did.' About three weeks before her death she sang Christian songs, prayed and seemed to converse with some one. When asked why she talked 'so crazy,' she again made her defence: 'I am not crazy, but a man dressed in white with a book under his arm has been here and he asked me to sing my Christian songs, to talk with him and tell him what I learned at the hospital. I asked him to leave the book and he said "No, I was sent to ask you these things, and in two weeks I am coming for you."' Two weeks later she died, true to what light she had received, and without the slightest fear of death. The family realized the difference, for they did not put her on the ground to die, an immemorial custom of the Hindus. Do medical missions pay?"

#### UDAYAGIRI

At Udayagiri (69 miles northwest of Nellore), the Etta Waterbury Hospital was opened in 1904, in charge of Mrs. F. W. Stait, M.D. The main building contains a matron's



Native Ambulance, India

room and three wards. Outside the main building is the nurses' house and the maternity ward, which is fitted with seventeen beds. In 1916-17 a contagious ward was opened. Originally designed for women and children, this is now a general hospital, treating both men and women. It is situated fifty miles from a railway in the jungle among the mountains of the eastern Ghats. The people of the town and district are sunk in heathenism and it is difficult to win them from their old superstitious practises; nevertheless, the leaven of the gospel is slowly but steadily permeating their life. Dr. Stait writes: "A letter which we received from Mr. Stait, who has been out in camp, brought us no small measure of joy. He said that in almost every village he finds some one who knows of Christ because of the days or weeks spent in the Udayagiri mission hospital. One old man explained to a group gathered around him in the evening twilight the story of Christ's power to save. When asked where he got hold of the truth, he replied: 'Have I not been in the hospital for weeks and can we be there without hearing of Yesu Christu?' The way to the villagers' hearts is made easier if

they have been in the wards themselves or had friends there. Almost all the cases we get are about as bad as they can be, for before they will consent to my 'English medicine' they have gone to quack after quack so that they reach our gate in a dying condition. One young man who died as the bed on which he was being carried was lifted through the gateway had been sick for two months. Being wealthy, he was too valuable a victim to escape the clutches of the cruel hakims. From village to village they carried him, staying a week here and a week there, always being told, as he grew worse instead of better, of some one farther on who, for a larger sum, would certainly accomplish a cure. When at last death approached and the hakims saw there was nothing more to be gained, in order to avert the onus of a death at their doorways they sent the worn and tortured body to us, only to die before he could be lifted from the rope bed on which he had made those long weary journeys. In other cases we have been more fortunate and have had the joy of seeing death conquered and the sufferer nursed back to health. A Moham-medan once remarked with a smile when, a bad case having been brought in, I expressed a fear that he might be taken elsewhere to die; 'Do not fear, Mama, no one would touch filth, stench and rottenness but your people here.'

"Recently a seven-year-old boy was brought in with a fractured arm. His relatives had tied a ligature around the site of the broken bones, stopping all circulation. When it began to look badly they had called in a native quack, who, making a paste of corrosive sublimate and some other wonderful ingredient, plastered it over the arm from the wrist to the elbow. When the tortured child reached us little was left but rotting flesh clinging to ruined bone. For thirteen dreadful days we dressed the arm, with death always imminent, while permission to amputate was refused. At last the uncle gave consent to operate. During the long weeks which followed I never saw more patient endurance, and to our joy Kondiah went home well."

### HANUMAKONDA

At Hanumakonda (about 300 miles northwest from Madras, in the Deccan), there is a general hospital with good

buildings erected with money raised locally or from personal friends of Dr. and Mrs. Timpany. Many government officials live in the town, which is largely Mohammedan. The Woman's Society makes an annual appropriation for medical work for women in this hospital, and for several years had a trained nurse there, Miss Lillian V. Wagner, and later Dr. Katherine Gerow. At present (1921) there is no American woman doctor there, but a very efficient Eurasian trained nurse cares



Dispensary, Udayagiri, South India

for the woman's work. Dr. Timpany writes: "Our medical work is now growing with leaps and bounds. We have many more patients in the hospital, both men and women, than ever before. Since our new head nurse joined us in our work, she has added much to the efficiency of our staff, and with her perfect understanding of Hindustani and Mohammedan ways is winning many of that important class, and they are now coming more and more into our wards. We have never before had so many midwifery cases in our wards and, considering the prejudice against a man doctor for women, the large number of Mohammedan women patients in our wards is evidence of a remarkable change in sentiment. The government hospital, though it has a lady doctor, does not as a rule get these cases, for they prefer to come to us."

#### NALGONDA

Nalgonda is situated in the Deccan about seventy miles from Hanumakonda in a Mohammedan community. Hospital work in Nalgonda is not new. The work was started in

1896 with the arrival of Dr. Lorena M. Breed, who with her associate nurse, Miss Annie Magilton, gained access to scores of Mohammedan high caste Hindu homes and was beloved by



Nurse at Work, South India

all to whom she ministered. The Mennonites of Russia contributed largely to the work, and a woman's hospital and surgical ward were established. A trained nurse was added in 1897, but the work has been fated to numerous interruptions. Miss Aganetha Neufeld assumed

charge of the work in 1915, having been adopted by our Society because the Mennonites, on account of the war, were unable to continue her support. The following letter from Miss Neufeld gives a fair idea of the difficulties which she encountered on taking up the work: "The hospital servants were scattered and I had to collect them and win anew the confidence of the people, but thanks to God, the people show new confidence in us and in the hospital, and are coming more and more from all castes and creeds. The native nurses and helpers have done very well and the Bible woman at the hospital does good and efficient work. Here in Nalgonda there is so much suffering and so much work that I often wish we could have a qualified doctor, for we both could find work enough to do."

Mr. Unruh, the missionary in general charge of the station, writes that Nalgonda is sixty-eight miles from Secunderabad and that they have to go that distance for all supplies and for a doctor. There is no telegraphic connection and no railway. They have to go in ox carts and allow eight days to go and return. After a three days' trip in an ox cart going and the same returning, they are so worn out that they



have to have several days' rest. They lost their two little boys because there was no doctor near enough to help. Mr. Unruh himself was very sick at one time and his wife was alone to care for him. One can understand their happiness when Miss Neufeld was adopted by our Board and sent to Nalgonda.

Difficult as the work is, Miss Neufeld has attacked it with an enthusiasm and evangelistic passion which are certain to surmount all obstacles. She writes: "The hospital work in this place is going on very well indeed. The work of a nurse in this country is very different from the work at home. As we have no doctor here, I often have to take the place and have the courage of a doctor, and have to do things which a nurse at home dares not do.

"Some days ago I was called to a woman of the goldsmith caste. When I arrived many women gathered to see me and expressed their wonder that I should come to this country. I told them I had heard of their sufferings and had come to help them—that it was love for them that had brought me here. Then I told them of the great love of the Savior and how he left his home for our sakes. Great was the interest of those women in this wonderful story. I am glad to say that although I am not engaged in evangelistic work, so many chances are given to me to tell the story that I feel like an evangelistic missionary."

During the year 1920-21 one hundred in-patients and 14,800 treatments were reported.

The woman's hospital has been very inadequate and has been located on the crowded compound of the general society. Miss Neufeld has walked the mile from her residence to this compound for years. Nineteen twenty-one will see, we hope, a new, adequate building on land adjacent to the woman's compound, appropriation for this having been already made.

### SOORIAPETT

Sooriapett (thirty miles northwest from Nalgonda), is the second station to be opened in the Deccan by workers sent to India by the Mennonites of Russia. There is a good hospital on the compound near the public road which leads to the town of Sooriapett. Here Mrs. A. J. Hubert, with the

help of four native nurses and two assistants, is doing a blessed work among the needy people of this community, the record for the year 1920 showing 371 patients and 18,086 treatments.

Mrs. Hubert gives special praise to her native helpers, saying: "The native nurses, Bible woman and preacher have done splendid work for us in the hospital."

### MAHBUBNAGAR

Mahbubnagar, formerly called Palmur (situated nearly 100 miles southwest of Nalgonda, in the Deccan), is a place made easily accessible by the new railway from Hyderabad to Kurnool. Moreover, the dry, cool climate, (Mahbubnagar is 3,000 feet above sea level), makes it possible that much-needed tubercular work may be begun here in the near future. Indeed the officials have offered any property we may choose for that purpose.

The hospital originally built by Rev. E. Chute from famine funds was remodeled and repaired in 1913, the present usable building being the result. It is an eight-room building, and in the absence of a residence building the doctor lives in one wing, using one room for an office and the two others for living rooms. There is also a small two-room building used as a nurses' home. As the training department grows enlargement will become necessary.

Dr. Marian Farbar came in 1914 to practically a new work, the hospital work having been discontinued for nine years previous to the remodeling of the building. Dr. Farbar bravely started out with an equipment for only dispensary work and with a borrowed operating table, supplemented later by one hundred and fifty dollars' worth of furniture. Absolutely necessary additions were made from time to time. The New England District has given as its Jubilee gift (1921) a new hospital for Mahbubnagar, with its equipment and ambulance. The land is acquired. Dr. Farbar is now about to start the building.

When Dr. Farbar was home on sick leave, Dr. Florence Weaver came from Nellore for a time and later Nandamah of Kanigiri, assisted by the efficient compounder Annamah, was in charge.





Giving the Baby Its Daily Bath in India

Dr. Farbar has been conspicuously successful in winning access to the homes, both Mohammedan and Hindu. One of the evangelistic missionaries writes of her: "Dr. Farbar is getting into homes which I find locked. No Bible women can reach these shut-in women, but the woman physician is most welcome."

One of the greatest difficulties to overcome in a place where the work is so new is the fear of "the white man" which still lingers in the minds of the ignorant masses. Dr. Farbar writes of the following cases: "The dispensary was closing at noon when a Brahman woman from the village appeared. She stood safely away from the shadow of the veranda, for the fear born when she first heard of the hospital had grown to terror as she entered the gate. When I appeared she asked, 'Is it a man or a woman?' The answer given by the nurses did not seem to help matters, for she gave her symptoms from a distance, let us know that it was a case of 'hands off' and 'please will you give me only a writing medicine (medicine for external application), for your liquid preparations will have water in them from your well, and we may not drink them.'

"Morning prayers were just over and the dispensary

opening when a couple from the poorer class came up the drive carrying a child sick with pneumonia. One glance at those simple folk, breathless with fear, gave one a reading of the minds of all their class in that new uncultivated district. At the sight of the stethoscope they ran with the poor babe, so in need of care, and no entreaty could recall them. 'The white doctor has knives and needles and rubber things which are only good for white people; our anatomy is different from theirs, and what is good for them is not good for us,' is their theory; and we know what our first task with this large class of people is. It comes near home when we find our nurses in training, who are local girls, cutting catheters because they fear their use on patients, and we realize that our greatest immediate obstacle to doing modern medical work is not our lack of equipment, but the existence of superstition and fear. A year or so finds things very different, and the demand for things modern is far ahead of our supply. Patients of all classes, castes and religions are willing to come into our unfurnished wards, submit to operations in our unequipped operating room, and now and then beg us to perform an operation which we are not prepared to do because of the lack of special sets of instruments or sterilizers or of a competent anesthetist. When we urge them to take the patient miles away to the government hospital in the city, they refuse, for the Indian people are great home folk and will seldom go to a distant place, especially in time of illness. We begrudge the loss of so many opportunities in this way and we long for the day when our new hospital will be enlarged and equipped in all departments to meet the needs of this district."

The growing confidence and appreciation of the educated and well-to-do people are a source of great encouragement to the workers. "Madam, will you operate with sense or without?" Dr. Farbar was asked by a shrewd, English-speaking Brahman. Controlling her amusement, she answered, "It will be done under an anesthetic; your wife will not feel the pain," and the answer was received with perfect composure.

Again Dr. Farbar writes of a most interesting trip of forty miles to the king's palace, attended by a special cortège,

to visit professionally the sixteen-year-old wife of the rajah. Such is the work we have already established in South India, but it is the merest beginning in this great field. There are 22,000,000 people in the Madras Presidency and the Decan, for the evangelization of 6,072,538 of whom we Baptists are solely responsible. Other societies work in this section—American Lutherans, the Society for the Propagation of the Gospel, the Church Missionary Society, American Methodists—but while all have representatives in the large centers like Secunderabad and Madras, there is no overlapping, for the territory is divided among the different denominations, the Telugu field being exclusively under the cultivation of the Baptists.

From a medical point of view it would be difficult to find a more needy field. In the region about Ongole, for instance, prior to the inception of the medical work, there was no building suitably equipped for hospital service within a territory of 5,000 square miles. Here in America there is one doctor for every 1,500 people, but out in this district, populated by more than 600,000 people, a number equal to six average cities in the United States, there was not one physician.

The need for hospitals for women is even more urgent, for even in places where there are government hospitals—always in the towns, whereas ninety per cent of the people are villagers—these are general hospitals and because of the moral and social conditions respectable families are very loath to send their women into them, though they sometimes make exception of a mission general hospital because of the more careful supervision guaranteed in it.

### LUDHIANA

In the face of such need the situation would seem hopeless were it not for the evident success of the newly established medical schools for the training of native physicians and nurses. The Woman's Medical College at Ludhiana, in the far north of India, was established in 1895 through the cooperation of seven mission boards and has drawn students from all parts of India, even from Nellore and the far south. Graduates of the college are already ministering to over half

a million women and children in hospitals and dispensaries and their number is increasing yearly.

Three Baptist girls from the Telugu field (see frontispiece) have taken this long journey for the sake of the medical training they could not at the time get elsewhere. One is Minnie Rungiah, daughter of Dr. Timpany's trusted assistant at Hanumakonda. As a little girl Minnie used to follow Dr. Timpany about the hospital and compound, telling him that when she grew up she wanted to learn how to help the sick women and children of India. To this purpose she steadily adhered through the mission school and the Nellore Girls' High School, and refusing several good offers of marriage, she entered upon her nurses' training course at Ludhiana. Since her graduation in 1918 she has served as trained nurse at Hanumakonda.

Kanthama, also a Nellore High School graduate, daughter of a fine native Christian preacher, is another Ludhiana graduate, who is now medical assistant at Nellore, with the title Licentiate of Medicine and Surgery.

Nandamah of Kanigiri, another graduate of the Nellore High School, was graduated from Ludhiana in April, 1918. She is a lovely Christian girl from a Christian home, her grandparents being among the 2,222 baptized in a single day by Dr. Clough. After her graduation she was called to render much-needed assistance in our Woman's Hospital at Nellore



Maternity Ward, Udayagiri, South India

when both Dr. Benjamin and Dr. Degenring were taken from the work by serious illness. It is difficult to imagine what we should have done in this predicament without Nandamah, with whose assistance Dr. Weaver was enabled to keep the hospital open. She was chosen to come to America in 1921 as the Jubilee guest from South India.

### VELLORE

Too much cannot be said of the courage of these timid, home-loving Indian girls who, often with the reluctant consent of their people, have decided upon the great adventure and have gone more than a thousand miles from their homes among people who speak a strange language. That this sacrifice shall be unnecessary, the new Union Medical College has been established at Vellore, South India. The Mary Taber Schell Memorial Hospital became a part of the school. A fine compound of several acres in Vellore town, and a tract of 125 acres outside Vellore, await the arrival of better conditions, when it is hoped to go on with the larger program in connection with building on the sites and opening the College in quarters of its own, rather than in its present rented buildings.

It is the answer of Christian women to the pitiful appeal of India's suffering women, who are born and who live and die with no medical aid. High caste women cannot be treated by men and superstitious women of the lower class shun government hospitals, which are all too few. The British Government could not touch this work without medical women. Few doctors seek the trying climate, rigorous work and small pay of the medical missionary.

For permanent relief we must train hundreds of India's women to be doctors. Will they take training? The Surgeon-General of Madras Presidency said, "If you can persuade six girls to study we will give you a grant." Sixty-nine demanded entrance. Not all were qualified, but eighteen were able to enter the class of 1918. Dr. Ida Scudder, granddaughter of the first medical missionary to India, is president. Drs. Jessie and Elizabeth Findlay from Canada arrived in 1920 to assist Dr. Scudder. One hundred and twenty-five Indian girls have applied for the class of 1921. Not all are



Staff of Union Medical College, Vellore, South India

qualified, but it shows their eagerness to study medicine. One hundred were turned away.

From out of these colleges issues year by year an ever-increasing band of consecrated young women—reenforcements for the great League of Pity which is to minister to the suffering women and children of India and contribute in no small measure to the redemption of that great land.

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## BURMA

### MOULMEIN

Our medical work in Burma is centered about one hospital, the Ellen Mitchell Memorial in Moulmein. The hospital was opened in 1917, but it was begun years before in the



faith and prayers of Dr. Ellen Mitchell, who went out to Burma in 1879, the same year in which Dr. Daniells went to China. With Dr. Daniells she represents our Society among the pioneer women medical missionaries.

At the age of thirty Dr. Mitchell became an army nurse in the Civil War, serving three years in this capacity. In 1871 she was graduated from the Women's Medical College in New York, and in 1879, at the age of fifty years, sailed as a missionary to Moulmein, Burma, accompanied by Miss A. M. Barkley, nurse. Arrived in Moulmein and established in a residence that had been repaired for their use, they began work at once. Patients came daily for medicine and one patient was received into the house. Dr. Mitchell began a course of lectures for English-speaking women and Miss Barkley a training class for nurses with eleven members.

During the second year Dr. Mitchell reported 419 patients prescribed for at her home, 124 at their own homes, while ten had been inmates of her so-called hospital, part of a large room in her house.

The following year showed twenty-three patients in the little home-hospital, but Dr. Mitchell had become convinced that under existing conditions it was impracticable for her to attempt to carry the hospital with her outside work. There was the housekeeping, not only for herself but for the hospital when there were patients, overseeing carpenters and repairs, acting as apothecary and often as nurse, besides the dispensary, hospital and outside work. Jungle trips and the care of four mission schools in Moulmein and of individual pupils in neighboring stations were added to the rest. But although the hospital work was held back as far as possible, it could not be entirely given up and indeed showed steady growth from year to year. In 1883, Miss Barkley having gone to Zigon, and a native Christian physician, Dr. Shaw Loo, having come to Dr. Mitchell's assistance in the double capacity of doctor and evangelist, the little home-hospital registered fifty-four patients, and for years the average was about fifty.

In some years no mission funds aside from her own salary were used by Dr. Mitchell in the medical department, receipts having met expenditures, including Dr. Shaw Loo's salary and that of Ko Yan Gin, a Burman preacher who was



Children's Ward, Ellen Mitchell Memorial Hospital

put in charge of a little booth in the large town bazar, where a few of the common medicines were kept as an attraction, but where the main commodity consisted of portions of the Scriptures and tracts.

When Dr. Mitchell went to Burma in 1879 it was with the desire and expectation of making the hospital and training of nurses the chief part of her work and it was a source of great disappointment and regret to her that this could not be, for she believed it not only far more satisfactory professionally, but from the evangelistic viewpoint. Yet in all the years she never allowed her disappointment to affect her work. This was self-supporting from the first with the exception of her own salary, and for years even that was turned back into the mission treasury.

Dr. Mitchell's powers and initiative did not fail with advancing age. In her seventieth year she began a leper asylum, with a temporary bamboo structure for a shelter, and started raising the funds for permanent buildings. After twenty-two years of devoted service "the little doctor" entered into rest



in Burma, April 5, 1901, greatly mourned by missionaries and natives alike, for her beautiful Christian spirit had endeared her to all. Her cherished desire to establish a maternity hospital and training school for nurses in Moulmein was never realized in her lifetime, but in 1917—sixteen years after her death—a site was procured and on it a fine old residence suitable to form a nucleus of what is now known as The Ellen Mitchell Memorial Hospital. Back of the acquiring of the property lies a wonderful story of faith and love—the faith and love of Dr. Mitchell and the faith and prayers of others who followed after her and shared her passionate desire to meet the need of the suffering women and children of Burma. We will let Rev. A. C. Darrow, a member of the Moulmein Mission, tell the story in his own way:

“Almost fifteen years ago my attention was called to the great need in Burma for trained nurses and to the plan of Dr. Ellen Mitchell to establish in Moulmein a maternity hospital and training school for nurses. I resolved then, if God led the way and I found conditions as they had been represented, that I would do all in my power to meet this need.

“Seven years ago I decided upon the property which I believed was best adapted to this work, and one afternoon I trespassed on my neighbor’s compound and kneeling in prayer I took it in faith for this medical work. Not long afterward Mr. Carre, captain of a British steamer, took breakfast with us, and I called his attention to this property and to our need and asked him for an initial gift for this work. A day or two later I received a check from the office of the steamship company for Rs. 500. I laid this matter before the little body of Talain\* Christians, who were raising a thank-offering of Rs. 10,000 for their work. Five years passed. About six months before the Judson Centennial, my attention was called to the fact that the property I desired had been foreclosed and was to be sold in two days at public auction. God sent a Moulmein rain and I sent an agent, the only bidder, who bought the property for a song. The business men said it was a gift; seven acres, one of the most beautiful compounds

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\*The Talains are a distinct race, and though for a century and a half they have been dominated politically by the Burmans, many of them show characteristics of strength and nobility.



**Staff of Ellen Mitchell Memorial Hospital**

Dr. Martha Gifford in center of group. Back row, left to right: Daisy, Dora, Mary, Ma Thein Me; front row: Miss Selma Maxville, Ma Ka She, Ma Hla Yin, Ma Ye

in Moulmein and the East, with a fine old teak residence. The Talain Christians purchased the property with their "Thank Offering Fund," and presented it to the Society for work among Talain women and the women of Burma. The building so providentially acquired is on a commanding site, the finest in Moulmein."

It was the generous gift from Mrs. Rockefeller's legacy that enabled the Board to promise the \$10,000 required to

make the necessary additions to the spacious old teak residence. The government and Burmese citizens of Moulmein contributed half the amount necessary for the furniture and equipment. The hospital opened in 1918 with one American physician, Dr. Martha Gifford (later there must be two) and an American nurse, Miss Selma Maxville, assisted by Ma H' La Yin, a young Talain woman who was brought to America by Mr. Darrow and completed a full course in nurse's training at the Missouri Baptist Sanitarium. It is confidently expected that with government grants and local contributions the hospital will very soon become self-supporting.

In the annual report for 1920, Dr. Gifford writes:

"The numbers of patients tell the story. The net numbers have not been large, but for the most part have been growing. The number of dispensary visits for the year will run well over 3,000. There are few of the many races and tribes of cosmopolitan Burma who have not knocked at our doors.

"They have come with varied purposes. Supposedly all patients come to a hospital to be cured, but we have discovered other motives. Cotton cloth and rice have their price these days and this has not been without its effect. It undoubtedly has been one of the factors that have brought fatherless and motherless children to us. It is easy for those who see that we love children and put forth every effort to restore them to health to conclude that we would be glad to take any child and keep it always. Consequently we have had many offers of children whose friends were unable or unwilling to care for them. Other patients have come because it was a happier place than their homes.

"Some may believe in foreign medicine or the foreigners' religion or both, but there are many who have no use for either and to such the worth must be clearly demonstrated.

"One evening an emergency case was brought to us from that village. The woman was almost in a state of collapse. God was good to us and in ten minutes we did a piece of work which put her out of danger and made her comfortable. Two sisters were allowed to remain with her that night, but on the following night as she was much better they were asked to stay elsewhere. On their return they asked her

how she was and if we really had been so good to her while they were gone as while they were there. When she replied that there had been no difference, they said, "Why this place is just like heaven." This remark was made to our little seamstress, who took it as an opportunity to speak a word for the Master and the heaven that he has prepared.

"We have eight faithful girls in training and we pray not only that we may be able to give them the needed professional training, but that they may go out with that training of heart which will make them worthy followers of the Great Physician."

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## ASSAM

In our whole mission field in Assam we have as yet no hospital for women and children. A field the area of Michigan and no woman doctor! That there is great need for one is sufficiently emphasized by the recent experience of our young women missionaries with an outbreak of cholera in the Girls' School at Nowgong. Our admiration and wonder were aroused at the way these young women, fresh from their sheltered life in America, faced the situation and by a wonderfully organized quarantine and care stayed an epidemic of this swift and terrible disease.

West Central District by its Jubilee gift has made possible the long-desired hospital. Anticipating the woman doctor and hospital, Miss Edna Stever, graduate nurse, was sent out in 1919. The year following two more well-trained nurses, Misses Marvin and Blakely, went to the help of our girls' schools and for a time are aiding in the hospitals of the general Society.

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## CHINA

China is no exception among oriental countries in the great need for medical work among suffering women and children. In China we find all the diseases that we have in America, but in much aggravated form, and added to them are many diseases not ordinarily found in this country. A great deal of suffering is also brought on by the ignorance of the

# BAPTIST MISSION FIELDS IN CHINA

Scale of Miles

0 100 200 300 400 500 600

Mission Stations: ..... • Shanghai  
Other Places: ..... ○ PEKING



native doctors. The text-book of medicine which the more intelligent of these use was printed 900 years ago, the last revision having been made 150 years ago, and it contains many prescriptions just as they have been used for 3,000 years. The following is a Chinese formula for opium poison:

2 couples of salted lizards—2 male and 2 female	2 ounces black dates
½ ounce of Korea ginseng root	½ ounce elm tree bark
6 dried grasshoppers—3 male and 3 female	½ ounce devil fish claw
1 ounce sweet potato stalks	½ ounce of hartshorn
1 ounce walnuts	¼ ounce birds' claws
	¼ ounce dried ginger
	½ ounce old coffin nails

The whole is to be mixed with two quarts of water, boiled down to half the quantity and drunk as quickly as possible in one dose—a perfect cure warranted.

Often thirty different drugs and *things* are given in one dose, bones of birds, snakes, centipedes, scorpions and other things too disgusting to mention. Much suffering also and death is caused by the use of the “needle.” This instrument of torture resembles an ordinary steel knitting needle. Sometimes it is heated just before being plunged into the body and then it is not nearly so deadly, though if it penetrates a vital part or a blood vessel certain death ensues. Whether hot or cold, of course it is used without any anesthetic. One cannot be in China for even a few days without seeing the evil effects of this dread instrument. The proper practise of surgery, with all its important asepsis and antisepsis, remains for us to give the Chinese.

Dr. Emilie Bretthauer of Suifu, West China, writes with regard to Chinese practise:

“The appalling results of this quackery are brought to our attention daily. A young girl of eighteen who had a slight ailment, after taking the medicine prescribed by the native doctor, became paralyzed in all her muscles and died.

“Mrs. Ko had chills and fever. She called a native doctor, who told her to buy a certain medicine and put it on her elbow and it would draw the fever out. Her whole arm became swollen and painful, while encircling her elbow for four inches were huge blisters with a half inch deep of white flesh underneath. Her arm was so painful that she could neither eat nor



sleep. Her chills and fever remained with her. A few doses of quinine cured her illness, but it was several weeks before we got her elbow healed up.

"Little six months old San Tsoe caught cold and so had not much appetite. The native doctor was called and out to the herb shop went the slave girl and brought back a big lot of various drugs. These were steeped and given the unwilling baby to drink; then followed convulsions which lasted five hours, when the child died.

"Of obstetrics the native physicians know nothing, which is natural, as they are not permitted to see these cases. In this part of China the women as a rule deliver themselves. If matters are delayed, one midwife after another is called. When we are called to one of these women our usual experience is that four or five midwives have already had their turn. So not only is it for us to do for the patient what Nature was unable to do, but we must also counteract what these midwives in their ignorance have done. Need I tell you that many of the women die undelivered?

"We are told that eighty-five per cent of the children die before they are two years old. I do not know of any sadder sight than when a father brings in a five days' old baby with the statement, 'There is nothing the matter with the baby except that it will not eat.' One glance at the pitiful little face is sufficient to tell us that the baby has lockjaw and we must tell the father 'There is no hope.' And almost every day they come, sometimes two and three in one day. At least half of the babies born die from lockjaw within ten days of their birth. In East China the name for lockjaw is 'seventh day fever' because so many babies have it a week after birth. And these deaths are all avoidable."

The way in which our medical work is organized to meet this great need is very well described by Dr. Bretthauer in the book, "A Crusade of Compassion," pp. 99-100.

## SOUTH CHINA

### SWATOW

So much for the general conditions of our work in China. Our medical work in this most needy country was begun in

South China in 1879, when Dr. Caroline H. Daniells, a graduate from the Medical Department of Wooster University, Cleveland, began her work in the treaty port of Swatow, on our mission compound at Kakchieh, across the bay from the city proper. Great need of medical work indeed did she find on her arrival, for although there was a fine Presbyterian hospital across the bay in the city of Swatow, there had never been a woman doctor and the women and girls on our side of the bay were numerous and much in need of medical care. Thousands of Chinese villages had not even heard of the splendid work done by the Presbyterian hospital. In one case when a man with gangrene of the foot applied to the surgeon of that hospital for medical help and was told the foot must be amputated, he replied that he must first consult his native doctor. The native doctor, characteristic of his class, exclaimed in wrath: "That foreign devil says it must be amputated, does he? Well, I can amputate, too," whereupon he had the suffering patient place his leg across a log and with a rusty axe cut off the foot. The man of course died.

Dr. Scott\* writes that she herself has seen a man dragged back and forth across a room a dozen times in order to pull out a tooth with a rusty tourniquet, and when she could persuade the patient to let her use her fine forceps, the lookers-on were astonished that he could sit quietly in a chair while she quickly extracted the tooth.

When our first medical missionary began her work in the Swatow district, we had no hospital or dispensary building, and she had to travel among the hundreds of villages, where great crowds sought her aid. At times she would have fifty decayed teeth to be pulled in one brief stay of a few hours. Hundreds of blind children—blind perhaps as the result of worms—were brought by parents begging piteously that they be given sight.

Dr. Daniells was obliged to begin medical practise at once. Soliciting funds from her Society, she had a small building erected which could accommodate twenty women, meanwhile studying the workings of Dr. Gault's hospital and maturing plans for establishing one for women.

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\*For information concerning our medical work in South China, we are greatly indebted to the Autobiography of Dr. Scott, which is heartily recommended for further study of this subject.



Our first woman doctor in China worked hard and well and though her health began to fail when she had been but a short time on the field, she continued bravely, preparing prescriptions to be carried by others when she could not go herself. When her lameness prevented her from doing actual work, she spent her time Romanizing a handbook of medical terms in the Swatow dialect or writing letters to interest people at home in the work. So the work went on, making progress each year in spite of great difficulty until finally Dr. Daniells was compelled to return to America.

As Dr. Daniells was never able to return to the field our medical work in Swatow was suspended for five years, until in 1889 the Society succeeded in finding a woman to fill the vacant place—Dr. Anna K. Scott, who for the following twenty-five years did such a masterful piece of work in the South China district.

Strange indeed were the workings of Providence which led to her taking up that work. She had already been engaged in missionary work in Assam, together with her husband, Edward Payson Scott, spending eight years during her husband's lifetime and four years after his death. At the end of that time she returned to America to educate her three small children. Here this indomitable missionary mother, in order the better to care for her children, took the full medical course and was graduated from the College of Physicians and Surgeons in Cleveland, receiving also a diploma from the Western Reserve Medical College, and for twelve years she practised medicine in that city. When her children were grown and educated she yielded again to the strong appeal of the mission field, and since there was great need for a medical worker in Swatow and the way was hedged for her return to Assam, she turned her back on that land to which she was bound by such strong ties of sentiment and consented to go to South China. To start out at the age of fifty years to a strange land, confronted by one of the most difficult of languages, required courage and enterprise, but Dr. Scott was never lacking in either.

Arrived at Swatow in 1889, she was obliged to throw herself at once into the work and get the language as best she could. Writes Dr. Scott: "I found many of the Chinese rather



Clinic Room, Swatow

skeptical about the woman doctor's ability to treat their many big diseases and I had to convince them that I was a full-fledged M.D. with twelve years' practise in the home land. The members of my mission stood by me and some of them went with me to the various cities and large villages, where I established dispensaries which I visited fortnightly. Some of my experiences at these dispensaries may be worthy of recital.

"At one village I found a woman lying on the floor of her little hut. She had been given up to die, and it was the custom of the Chinese to put all dying persons on the floor. I found she was not dying, though she had had nothing to eat or drink for twenty-one days except a teaspoonful of dried crab-apple tea three or four times daily. She was literally starving to death. She was covered with vermin and her clothes were filthy in the extreme. A Christian Chinese woman who acted as my assistant aided me in relieving the trying situation. She and I undertook to place her on the bed. Her relatives strenuously objected to our doing so. They said the bed could never be used by any one after a dead body had lain on it. I assured them she was not dead and that I hoped to cure her and make a well woman of her. They laughed

to scorn my idea of curing a dead woman and positively refused to allow me to place her on the bed. Finally I agreed to buy the bed, vermin covered as it was, and pay them the price of a new one. To this they agreed and my helper and I put her on the bed. The woman was gradually revived and when strong enough was made clean and ready for clean clothes." The relatives, however, would consent to using the clean clothing provided for her burial only when Dr. Scott bought it of them. After her bath and the putting on of fresh clothes the patient took more food with relish and smiled a feeble "Thank you." The woman recovered and the story went far and wide that "the foreign woman doctor had raised a dead woman to life." This report brought Dr. Scott many patients from all the villages and her patients sometimes numbered two hundred a day, to attend whom she was obliged to commence work at four in the morning and continue until ten at night, barely taking time for food when so exhausted she could work no longer. She had no assistant except when the evangelistic workers could get a little time from their evangelistic work and come to her help. Her daughter, now Mrs. Waters, had later joined her and was a great help to her mother in the evangelistic work which she so passionately pursued as an essential part of her medical work.

In those early days it was impossible to get Chinese parents to consent to their daughters being trained as hospital medical helpers, but a few years later Dr. Scott secured the help of a remarkable Bible woman, "Sister Speed," a pupil of our mission school who had been admirably trained in both Christian doctrine and living. She was a noble and useful worker, watching over the patients in their sickness and suffering, teaching them the way of eternal life and comforting the opium smokers who were striving to give up the demoralizing habit. Dr. Scott took a great interest in these and had as many as four hundred in one year as patients in the hospital—all men. She felt that this work was quite justified by results, as an encouraging number remained cured and labored earnestly to induce others to give up opium.

Dr. Scott tells of one who, the day he joined the church, came leaping to her over the seats of the chapel, exclaiming, "Rejoice with me! They have received me into the

church at last. I have applied five times and they have feared I might again use opium and hence have not accepted me, but today I am a baptized believer, and you are the one who through Christ's love has made me what I am." This man taught the doctrine to his family and several of their neighbors. Dr. Scott reports that the Chinese show great strength and decision of character and seem to rise above force of habit more easily than Western nations.

In her constant traveling about among her dispensaries Dr. Scott had been considering a site for a second hospital and finally decided upon Kityang as the strategic center. For several years she spent her time alternating two weeks at a time between the Swatow hospital and the dispensary at Kityang. It was always a great sorrow to her when the hot season forbade traveling and the Kityang dispensary had to be closed for four or five months. Dr. Alice B. Ross, an efficient helper sent out to assist Dr. Scott in her first term, was unfortunately compelled by ill health to return to America, but in 1894 she was joined by Dr. Josephine M. Bixby, who after one year's study took entire charge of the medical work at Kityang.

Meanwhile a much needed hospital building for men had been erected at Swatow, and Dr. Scott was kept busy there with the supervision of two hospitals, together with important surgical operations and patients coming from long distances. Much of the work in the men's hospital was done by native assistants who had completed a full course under Dr. Scott's instruction. Some of the most valued work Dr. Scott did was in this training of native assistants. At first she had only classes for men, as parents would not allow their daughters to enter, but during her last years she succeeded in securing bright, intelligent young women, who proved quite as capable in study and practise as the men students. These graduates of hers are now scattered through towns and villages practising medicine and extending the work of the mission. Their influence is being felt today in the new republic.

Dr. Scott tells the following of one of her pupils: "One of our Christian young men, A Lim, was chosen as the doctor of one of the regiments. As he was one of my medical students and had taken a four years' course of medical study



Hospital Buildings at Swatow, South China

and practise in my hospital, I felt particularly desirous that he should fill the position well. He gave satisfaction to the military officers and received a large salary and a horse and was called a mandarin doctor. After the revolution was over and quiet restored he came back to Swatow to be my helper. When I told him that I could only pay him a meagre salary he replied, 'All that I am I owe to you, and I shall not allow a question of dollars to keep me from helping you all I can.'"

In no long time the work at Swatow had grown to such proportions that a new men's hospital as well as a new women's hospital was demanded. Dr. Scott, both in her profession in Cleveland and in her career as a missionary, had made many devoted friends who were eager to have a part in her work, and funds were secured, largely through her own efforts, by which two splendid hospitals were erected—the Edward Payson Scott Memorial Hospital for men in memory of Dr. Scott's husband, and the Martha Thresher Memorial Hospital for women in memory of Mrs. Martha Thresher, a noble Christian woman of Dayton, Ohio. The old hospital building, erected by Dr. Caroline Daniells and three times enlarged by Dr. Scott still remains, bearing Dr. Daniells' name and does good service for charity patients.



Next to funds the great problem connected with the building of a new hospital had been where to find a site, but Dr. Ashmore's genius was equal to the emergency and a steep and stony hillside which few would have thought it possible to utilize was patiently transformed into a suitable site. The European shipping merchants, ever hostile to the missionary, had asked scornfully, "What can that crazy Yankee make of desolation and barrenness?" Yet it stands today the finest compound in China, a joy to the eye and commanding a glorious view of Swatow Bay.

The buildings were opened during Dr. Scott's furlough by Dr. R. E. Worley, who had come out to take charge of the men's hospital and who expressed his regret that "she should be absent through the work of whose hands and in response to whose solicitations" the hospital funds had been raised. It should be explained here that Dr. Scott's policy had been to lead the Chinese themselves to support and contribute to the work of the hospital and in this she had been very successful. She tells how grateful women patients, not themselves Christians, contributed each a considerable sum that some other women who could not pay for it might have the benefit of hospital treatment.

Dr. Worley's coming had been a great comfort to Dr. Scott, and his tragic death by drowning a few years later was a great sorrow to her as it was to all. "The Chinese," writes Dr. Scott, "never weary of telling how kind and sympathetic he was and the hospital helpers all speak of him in loudest terms of praise."

When Dr. Scott returned to America in 1904 she was broken in health and had little hope of ever returning to China, but after two years of recuperation in Cleveland, which characteristically she spent in the practise of her profession, she was so fully restored in health that she felt she must return, the more that Dr. Worley's death had left both hospitals without doctors. Her friends and relatives expressed grave fears over her return to China at the age of sixty-nine years, but her confidence was amply justified. On her return she took charge of both hospitals once more and set herself assiduously to the task of training medical assistants, both young men and young women. She worked on



for eight years and though her health was failing, succeeded in holding the fort until her granddaughter, Dr. Mildred Scott, arrived in Swatow to take her place. The following record of Dr. Anna Scott for the year 1912 will show that her closing years gave little evidence of the waning energies which we expect at the age of nearly eighty years:

#### MARTHA THRESHER HOSPITAL

Number of in-patients. . . . .	290
Number of out-patients visited. . . . .	417
Number of dispensary patients. . . . .	3,422
Total number of treatments. . . . .	10,268

#### EDWARD PAYSON SCOTT HOSPITAL

Number of in-patients. . . . .	624
Number of out-patients visited. . . . .	1,218
Number of dispensary patients. . . . .	4,252
Total number of treatments. . . . .	12,757
Graduate helpers. . . . .	5
Students helpers. . . . .	9
Fees and gifts received. . . . .	\$634.53
Whole expense for 1912. . . . .	\$2,227.14

Dr. Scott set sail for America once more in May, 1914, and has since resided with her son in Chicago, separated from the work, yet following it still with the keenest interest. Dr. Mildred Scott carried on the work for five years in a way that was worthy of her grandparentage, retiring in 1919 when she returned to America and was married to Rev. Newton Carman. She will return with him to Swatow.

Dr. Marguerite Everham is now (1921) on the field in charge of the women's hospital, with Miss Fannie Northcott as nurse, and assisted by one native doctor. Eight Chinese women are in training as nurses. The year 1920 registered 476 in-patients and a total of 12,988 treatments. Dr. Everham writes concerning a Christmas celebration at the hospital, closing with these words: "Think that there is no Christmas in China except for the few who are Christian and the few who are in Christian schools and hospitals at that time. On our compound and in the nearby village there were perhaps a thousand people who celebrated Christmas, and there are are hundreds of towns near here where there are perhaps two or ten

people who know about Christmas, but there are thousands where there is no one who knows the blessed story."

### KITYANG

As has been said, Kityang was opened as a dispensary by Dr. Anna K. Scott in her first days at Swatow and a small building erected as a hospital and infirmary. To this station came Dr. Josephine M. Bixby after one year of study in Swatow (1899), and being a most capable woman, she was able at that time to take entire charge. Dr. Bixby had had her internship in the Illinois Eye and Ear Infirmary and was especially skilful in diseases of the eye, to which the Chinese people are peculiarly subject. She performed the most difficult operations and with such success as to gain rapidly a wonderful reputation among them. The consequence was that the work at Kityang grew beyond the ability of one woman to keep pace with it. Dr. Bixby put in nine years of splendid work in China, but under the circumstances it was a constant strain. Her residence at the start consisted of one room, which served as study, sleeping room and reception room. It was infested with rats and so situated as to be in the path of unendurable Chinese odors. By the time she had seen erected a suitable residence, the hospital and dispensary building erected under Dr. Scott had been hopelessly outgrown and a new hospital building became a necessity. Dr. Bixby succeeded in raising funds for this hospital and lavishly expended strength and energy in the difficult task of superintending its construction, but it was too much for her and a hurried journey home to America was too late to save her life. Dr. Margaret Grant, who had recently joined our mission, was a valuable helper in our work both in Kityang and Kaying and was the devoted nurse of Dr. Bixby in her illness, accompanying her finally on her journey to the home land. Dr. Bixby died in the summer of 1907, and the completed hospital was named the Josephine M. Bixby Memorial in her memory.

After Dr. Bixby's death the Kityang hospital was unfortunately without a woman doctor until Dr. Edythe Bacon was sent in 1910, but our splendid nurse, Miss Luciele Withers, preceded her by one year and did excellent work there as she has done since in other South China stations.

Miss Withers was loaned for some years to the Union Hospital at Canton and at present is in the work at Sunwuh sien (Changning). Dr. Clara Leach is in charge of the Kityang hospital with Miss Gladys Aston, trained nurse.

## EAST CHINA

In East China our efforts in medical work have been for the most part auxiliary to the work of the general Society. Under the direction of the doctors of that Society our efficient women nurses are performing a most useful and blessed ministry.

## NINGPO

In Ningpo there is a hospital and dispensary, in charge of Dr. J. S. Grant, and there we have at present two nurses, Miss Harriet Smith and Miss Emma Irving.

In 1920 there were eight native nurses. Dispensary for the women was held twice a week with 5,344 out-patient treatments. Illustrative of the exceptional opportunities offered in hospitals for evangelistic work is the following incident told by Miss Smith: "One day I went into the operating room and saw an emergency patient who had just taken chloroform to have a dislocated bone replaced, and beside him stood two friends who had brought him in. The head surgical nurse was taking this opportunity to preach the gospel to the two men while the patient was coming out from under the influence of the anesthetic. Another day he was sitting with a patient and they were making hospital supplies. And while they worked the nurse told this young boy the story of Jesus' love. He never loses an opportunity to witness for Christ and praise God for healing his body and giving him a happy home and family."

## HUCHOW

At Huchow we have Miss Esther E. Hokanson, nurse, working with Dr. C. D. Leach. Here fifteen years ago the foreigners were driven from the city. In 1919, a body of leading officials and citizens came to Dr. Leach and announced that they had obtained possession of a most desirable piece of land for a new hospital for this work. Dr. Leach and Miss



**Washing Sponges and Bandages in Hospital at Ningpo**

Hokanson are now planning the new building, which will accommodate about fifty or sixty patients. In the Chinese building which has for five years served as hospital there were twenty Chinese nurses in training during 1920; 1,157 in-patients and 4,246 out-patients were reported for the same year.

### **SHAOHSING**

At Shaohsing with Dr. C. H. Barlow and Dr. F. W. Goddard we have two nurses, Miss M. Jean Gates and Miss Alma Pittman. In 1920 Miss Gates wrote of a beautiful baptismal scene when the only two nurses in the Nurses' Training School who were not Christians united with the church, and she adds: "Our nurses are going to carry on a daily vacation Bible school for six weeks this summer, for the street children in the vicinity of our hospital. It will be for two hours each afternoon. Our evangelist is at the head of it and I have arranged for several nurses to help each day. They

will be taught a little hygiene and geography as well as Bible. I hope to be there for the closing. It ought to help the nurses as well as the children."

## KINHWA

At Kinhwa, where the Pickford Memorial Hospital is located with Dr. MacKenzie in charge, a separate ward for women and children has recently been erected which increases both our work and our opportunities. This building has its own operating department, a maternity ward, private rooms, nurses' and matrons' rooms, dining room and large general ward. Our competent nurse, Miss Clarissa Hewey, had charge while Dr. MacKenzie was home on furlough.

In 1919 a training school for nurses was opened with an enrolment of five. Miss Hewey writes of these nurses that the spirit in which they work is fine and that much voluntary evangelistic work has been done.

## WEST CHINA

### SUIFU

Up the Yangtse River in Szchuan Province medical work is naturally far less developed than in the more accessible fields near the coast. For years there have been only two women's hospitals in that great province which numbers sixty million people, one belonging to the American Methodist Board in Chungking, the other to the Canadian Methodist Board in Chengtu. Our recent steps toward such a woman's hospital in Suifu are therefore most timely. Our Baptist men's hospital was the only one in Suifu, and nothing was done for the women and children there except for the few whom Dr. Tompkins could take into the one room which he had partitioned off for that purpose. When it was deemed best to close our Central China station at Hanyang, it released Dr. Bretthauer and Miss Crawford, who had done such a splendid work in that city, and they are now engaged in woman's medical work in Suifu.

The Suifu territory includes a population about one-third that of New York City. In New York there are thirteen



Mrs. Liu

asylums and homes for children where they may at any time have the attendance of doctors and nurses. Besides these there are sixty-four hospitals in which 2,469 beds are set aside for children, and rarely are any of them vacant. There are more children in proportion to adults in Suifu than in New York, but supposing the proportion were the same the number of beds available for children in the city of Suifu alone should be 823. As a matter of fact we have just two and a packing box, while for women we have ten beds.

And doctors? Boston has one doctor for every 350 people and in the same proportion Suifu should have 5,714; instead it has two, one

man and one woman—both due to go on furlough before the new woman doctor has completed the language study.

At present the only building for medical work for women and children is a rented native building, very unsuitable even with the best alterations possible. It has two rooms, low-ceiled and dark, where we can accommodate patients, the second so dark that when dressings have to be changed the lamp of the ward must be brought for light. There is no room that can be arranged as an operating room. When an operation is unavoidable it must be performed in the front ward while the patients are in it.

Mrs. Liu, Miss Bretthauer's nurse and mainstay, well illustrates the capacity of the Chinese woman. A few years ago Dr. Bretthauer took her, an illiterate woman, taught her to read and write, to make simple use of numbers and care for the sick. Now she is the very competent head nurse of



the hospital and an able obstetrician who can carry on the work successfully in Dr. Bretthauer's absence.\*

We are glad to report that the land just outside the north gate of the city, on a main thoroughfare, is almost completely acquired for the new woman's hospital. This is to be the William Howard Doane Memorial Hospital. The maternity ward and dispensary will first be built.

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## AFRICA

Our woman's medical work on the Congo was begun in 1896 when Miss L. C. Fleming, who had taken a medical course on furlough, was sent to Irebu. When the mission force was removed to Ikoko (Irebu to be worked in future as an outstation), Dr. Fleming was sent to Bolengi station, but ill health compelled her return to America.

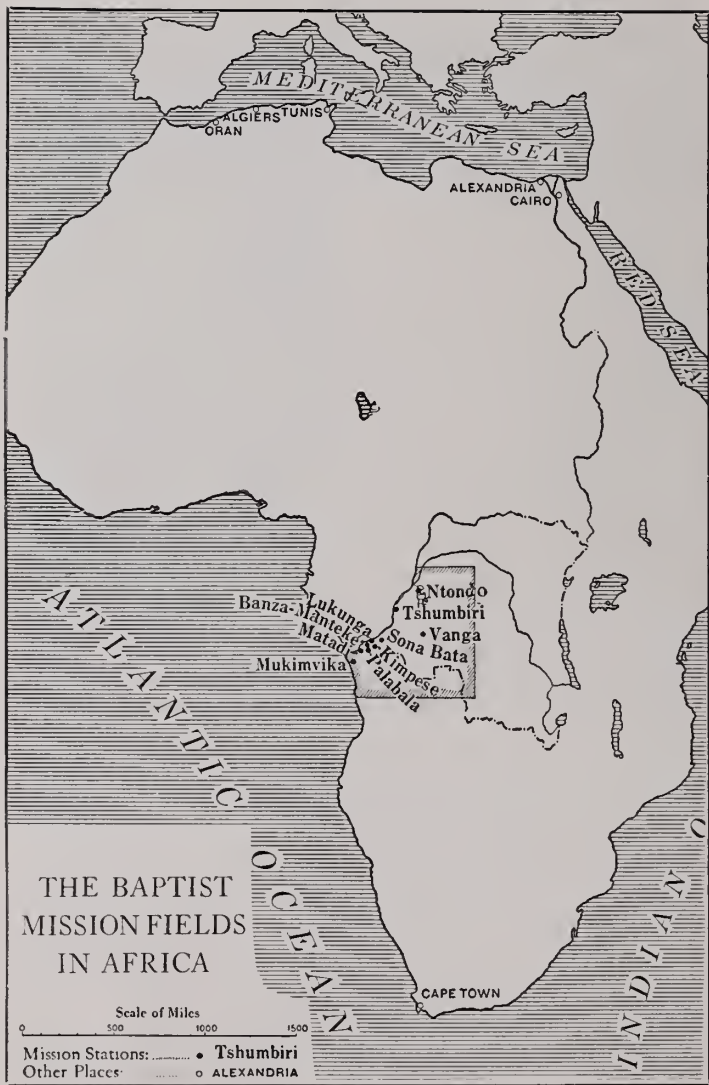
In 1898 Dr. Catharine Mabie was sent out, and has completed over two decades of Congo service. Very full years they have been if we are to judge from the first one. During that year there occurred an epidemic of scarlet fever so severe that there were not enough well people to care for the sick. The two small hospitals at Banza Manteke, where Dr. Mabie was serving her internship under Dr. Leslie, were filled to overflowing. The work was performed, too, under great difficulty.

Our Congo mission has been rich in doctors—five excellent men doctors and our own Dr. Mabie—but has been almost destitute of medical and surgical equipment. All these years Dr. Mabie has had only a little two-room corrugated iron shed for a hospital. Improvements have been noted from time to time—the addition of a couple of stoves, the replacing of wooden windows with glass ones—but nothing bordering on extravagance, and the little hospital has still served, its queer walls witnessing feats of surgery that would have done credit to a far more pretentious hospital.

Now our medical workers in Africa take new courage in the

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\*Read "My Mother," the story of Mrs. Liu, by her son, Herman C.E. Liu. Price 3 cents.





Dr. Mabie and Natives

prospect of four new modern hospitals at Banza Manteke, Sona Bata, Ntongo and Vanga. The Boards recently voted to equip the Congo mission with these four buildings costing four thousand dollars each, and the funds are already in hand.

We are seeking six trained nurses to go out to assist in the newly planned medical work. Miss Anna Hagquist, a well-qualified nurse, reached the field in 1920. Dr. Mabie is to have a little maternity and children's hospital at Kim-pese for training purposes. A new day is dawning for our Congo doctors.

Dr. Mabie in "Our Work on the Congo" describes the maze of ignorance, superstition and fear into which the missionary comes. Over a people so devoid of all knowledge of the laws

of health and medicine and so full of superstition and fear, the witch doctor very easily establishes and maintains his powerful influence. He is a great foe to the missionaries, whose success with the people logically means his failure, and he does everything he can to counteract their influence. Fortunately for the terrorized Africans the days of his reign are numbered.

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## THE PHILIPPINES

While we have no woman's hospital in the Islands we have a share in the medical work through our nurses.

### ILOILO

At Iloilo there is a Union Baptist and Presbyterian Hospital where Dr. Hall and Dr. Thomas alternate and cooperate in the hospital work and where our nurses, Miss Nicolet, Miss Dahlgren and Miss Brewer, are now stationed.

During Dr. Thomas' superintendency in the past few years a most interesting dispensary work has been developed with the assistance of nurses trained in the hospital. There were twenty-six nurses in training in 1920 and within the past year all who were not Christians have found Christ and been baptized.

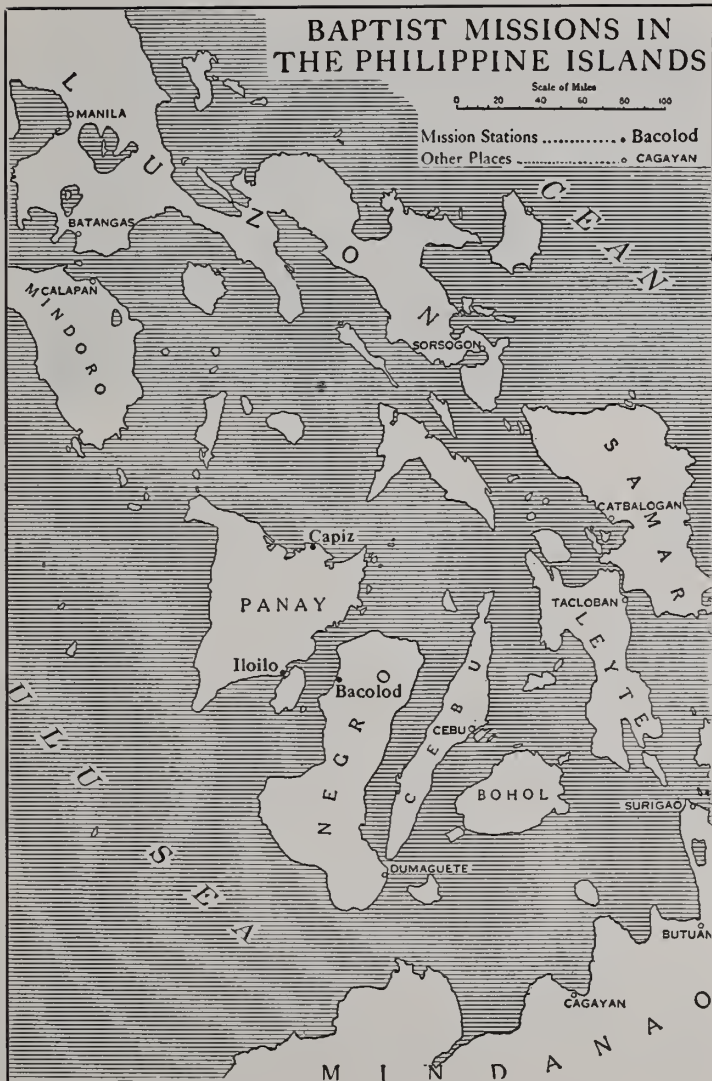
The plan is to build a dispensary in a central town (there are now five), establishing there a graduate nurse and Bible woman who are left to develop a clinic which the doctor by means of his Ford car visits weekly. The nurse and Bible woman visit in the homes, establish friendly relations, give first aid and gather those in need of a doctor's care for the weekly clinic. Religious instruction is given and it is astonishing to see how cordial these communities have become. In nearly every case men of the well-to-do class have built the dispensary.

A new student dispensary is now opened to meet the needs of the large student body in Iloilo, numbering about 1,500 and likely to be increased to 3,000 with the coming of a normal school. This students' dispensary not only offers relief, but also furnishes a center for the first aid classes, which have

# BAPTIST MISSIONS IN THE PHILIPPINE ISLANDS

Scale of Miles  
0 20 40 60 80 100

Mission Stations ..... • Bacolod  
Other Places ..... • CAGAYAN





Students' Dispensary, Iloilo

become very popular. In Dr. Thomas' first aid class at the student dormitory one hundred boys met regularly and remained for a class on the Life of Christ which followed, thirty of these fine young men becoming Christians as a result.

The girls came also from the government dormitory and asked for a class saying: "It is more important for us as we can go back to our towns and help mothers and children." So a class of eighty-three came and several who were in Mrs. Thomas' Bible class were baptized and give promise of good service for Christ. The girls make excellent nurses and are eagerly sought by the government, but they are anxious to serve in our Christian dispensaries and are sowing good seed in the homes.

### CAPIZ

The Capiz Hospital, where much good work was done by Dr. Lerrigo and Miss Nicolet, is now under Dr. F. W. Meyer and our nurse, Miss Cora Sydney, who writes in the 1920 report: "We started with seven girls that had been gathered from all parts of the island, mostly from nearby towns. They had already passed the seventh grade, and were fairly proficient in English. Their progress has been rapid since they





**Baptist Nurses Trained at Iloilo Hospital**

started on their work. The school has passed government inspection and has been incorporated and standardized under Filipino law.

"Our needs have been supplied in truly marvelous ways, and many times when it seemed that we could not get along on the small amount of money which was coming to the hospital, the Lord answered our prayer and sent gauze, supplies and even money to help us just when needed most.

"Our great need for the school is a proper place for nurses to sleep and live in when off duty. Our nurses' quarters were the only thing criticised by the government inspector and we were asked to change them as soon as possible."

### **BACOLOD**

At Bacolod we have a small two-room dispensary on the compound with the Girls' Dormitory. Here Miss Sarah Whelpton, trained nurse, with her assistant, Glicerio, ministers daily especially to the poor of the community.

## JAPAN

We have no medical work in Japan, for the obvious reason that the Japanese have adopted modern medical science and have no need of our help.

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### CONCLUSION

Too much cannot be said of the extremity of the need in all the countries where we are doing medical work and of the importance of strengthening our staff of physicians and nurses in each hospital. Our hospitals also should be better equipped. Nothing could be more distressing than for a skilful and well-trained doctor to be placed in the midst of such need and be hampered at every turn by the lack of suitable equipment.

Dr. John Lowe has said: "Medical mission work is one of the most powerful, effective and *directly evangelistic* agencies which the church possesses," and if we aim to speedily take possession of the world for Christ we must not lose sight of this truth.

## HOSPITALS AND DISPENSARIES

Arranged according to districts supporting them

### ATLANTIC DISTRICT

- SUIFU, SZCHUAN PROVINCE, VIA CHUNGKING, WEST CHINA—  
Wm. Doane Memorial Hospital and Dispensary  
NELLORE, SOUTH INDIA—Woman's Hospital and Dispensary  
SHAOHSING, CHEKIANG PROVINCE, CHINA—The Christian  
Hospital  
CAPIZ, PANAY, PHILIPPINE ISLANDS—Hospital  
UDAYAGIRI, NELLORE DISTRICT, SOUTH INDIA—Etta Water-  
bury Memorial Hospital

### NEW ENGLAND DISTRICT

- MAHBUBNAGAR, VIA JANUMPETT, DECCAN, SOUTH INDIA—  
Hospital and Dispensary  
TAUNGGYI, BURMA—Dispensary  
KITYANG, VIA SWATOW, SOUTH CHINA—Bixby Memorial  
Hospital and Dispensary  
VANGA, KUILU RIVER, DISTRICT DU KWANGO, CONGO BELGE,  
SOUTHWESTERN AFRICA—Dispensary  
TURA, ASSAM—Hospital  
KINHWA, EAST CHINA—Pickford Memorial Hospital and  
Dispensary  
HOPO, VIA SWATOW, SOUTH CHINA—Dispensary

### NEW YORK DISTRICT

- MOULMEIN, BURMA—Ellen Mitchell Memorial Maternity  
Hospital  
RAMAPATNAM, NELLORE DISTRICT, SOUTH INDIA—Dispensary  
MONGNAI, BURMA—Hospital and Dispensary  
KIMPESE, MATADI, CONGO BELGE, SOUTHWESTERN AFRICA—  
Woman's Hospital  
UNGKUNG, SOUTH CHINA—Hospital  
CHAOYANG, SOUTH CHINA—Hospital

#### CENTRAL DISTRICT

NINGPO, EAST CHINA—Hospital and Dispensary  
HANUMAKONDA, DECCAN, SOUTH INDIA—Victoria Memorial  
Hospital and two Dispensaries  
SWATOW, SOUTH CHINA—Hospital and Dispensary  
GAUHATI, ASSAM—Satri Bari School for Girls  
BACOLOD, NEGROS, PHILIPPINE ISLANDS—Dispensary and  
Girls' Dormitory

#### EAST CENTRAL DISTRICT

KITYANG, VIA SWATOW, SOUTH CHINA—Bixby Memorial  
Hospital and Dispensary  
SWATOW, SOUTH CHINA—Hospital and Dispensary  
YACHOW, WEST CHINA—Hospital  
NELLORE, SOUTH INDIA—Woman's Hospital and Dispensary  
SUIFU, SZCHUAN PROVINCE, VIA CHUNGKING, WEST CHINA—  
Wm. Doane Memorial Hospital and Dispensary  
BALASORE, BENGAL-ORISSA, INDIA—Sinclair Orphanage

#### WEST CENTRAL DISTRICT

NTONDO, VIA IREBU, CONGO BELGE, AFRICA—Dispensary  
NINGPO, EAST CHINA—Hospital and Dispensary  
NAMKHAM, BURMA—Dispensary

#### NORTHWESTERN DISTRICT

KITYANG, VIA SWATOW, SOUTH CHINA—Bixby Memorial  
Hospital and Dispensary  
HUCHOW, EAST CHINA—Union Hospital and Dispensary  
SUIFU, SZCHUAN PROVINCE, VIA CHUNGKING, WEST CHINA—  
Hospital for Men  
SATTENAPALLE, GUNTUR DISTRICT, SOUTH INDIA—Dis-  
pensary

#### COLUMBIA RIVER DISTRICT

SUNWUHSIEN (FORMERLY CHANGNING), VIA SWATOW, SOUTH CHINA—Dispensary

SHAOHSING, CHEKIANG PROVINCE, EAST CHINA—The Christian Hospital

MAHBUBNAGAR, VIA JANUMPETT, DECCAN, SOUTH INDIA—Woman's Hospital and Dispensary

SOORIAPETT, VIA NAKRAKAL P. O., DECCAN, SOUTH INDIA—Hospital and Dispensary

#### ROCKY MOUNTAIN DISTRICT

SUIFU, SZCHUAN PROVINCE, VIA CHUNGKING, WEST CHINA—Wm. Doane Memorial Hospital and Dispensary

NALGONDA, VIA NAKRAKAL P. O., DECCAN, SOUTH INDIA—Woman's Hospital and Dispensary

ILOILO, PANAY, PHILIPPINE ISLANDS—Union Hospital and Training School

#### SOUTH PACIFIC DISTRICT

ONGOLE, GUNTUR DISTRICT, SOUTH INDIA—Clough Memorial Hospital

SUIFU, SZCHUAN PROVINCE, VIA CHUNGKING, WEST CHINA—Hospital for Men

KIMPESE, MATADI, CONGO BELGE, SOUTHWESTERN AFRICA—Woman's Hospital

NOWGONG, ASSAM—School





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